

ENVIRONMENTAL PROTECTION AGENCY
INSPECTION REPORT

h. # 0086

USEPA Number: ILD005212394

IEPA Number: 2010305291

Facility Name: Estwing Manufacturing Company

Street: 2647 Eighth St.

City: Rockford

Telephone: 815/397-9521

County: Winnebago

State: IL

Zip Code: 61101

Type of Facility: Notified As: Generator

Regulated As: SQG/TSD

LDF? yes ☐ no ☒ HPV? yes ☐ no ☒ 90 Day Follow-up Required? yes ☒ no ☐

Region: 1 Date of Inspection: 3-11-87

From: 9:00 AM to 1:00 p.m.

Weather (LDF Only): —

Type of Inspection

ISS: ☒ Sampling: ☐ Citizen Complaint: ☐ Closed: ☐ Withdrawal: ☐
Record Review: ☐ Follow-up to Inspection of ☐ Other: ☐

Non Regulated Status

Small Quant. Gen.: ☐ Claimed Nonhandler: ☐ Other (Specify in narrative): ☐

Notified As/Regulated As Matrix Number: 35 Key Letter: E

Notification date, 4-28-86 from initial ☒ or subsequent ☐ notification.

Part A date, have none, from initial ☐ or amended ☐ Part A.

Part B permit application submitted? yes ☐ no ☒

Has the firm been referred to: USEPA? yes ☐ no ☒; IAG? yes ☐ no ☒; County States Attorney? yes ☐ no ☒. Date of referral to USEPA: —, IAG: —, County States Attorney: —.

Federal Court Order Issued: — State Court Order Issued: —

USEPA Compliance Order Issued: — Illinois PCB Order Issued: —

TSD Facility Activity Summary:

Activity (By Process Code)	On Pt A	Activity Conducted Prior to 1980	Was Activity Ever Done	Closed	Being Done at Time of Inspection	Exempt from Regulation per 35 IAC, Section:	On Annual Report For 84 85 86		
<u>S01</u>	<u>Facility has not Filed a Part A.</u>	<u>Yes</u>	<u>yes</u>	<u>No</u>	<u>No</u>	<u>No</u>	<u>No</u>	<u>No</u>	<u>No</u>
							<u>↓</u>	<u>↓</u>	<u>↓</u>
							<u>Only Filed 1986 Generator Report.</u>		

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Operator: Paul Devers Telephone #: 815/397-9521
Street: 2647 Eighth St.
City: Rockford State: IL Zip Code: 6101

Owner: Norman Estwing Telephone #: 815/397-9521
Street: 2647 Eighth St.
City: Rockford State: IL Zip Code: 61101

Person Interviewed Title Telephone #
Darrell Stellingwerf Director 815/397-9521
Personnel/Insurance

Paul Devers Plant Manager 815/397-9521

Inspection Participants Agency/Title Telephone #
Thomas Henninger I.E.P.A. / Inspector 815/987-7404

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Prepared By Agency/Title Telephone #
Thomas Henninger I.E.P.A. / Inspector 815/987-7404

Summary of Apparent Violations

Area	Class	Section
oth	1	722.134b
oth	1	703.121
oth	1	725.113b

Area	Class	Section
oth	1	725.114
oth	2	725.173
oth	2	725.175
clo	1	725.212
Fin	1	725.242a

Area	Class	Section
Section 2(a) & (d) of The Act		

WASTE DISPOSITION FORM

Facility Name:

USEPA #:

IEPA //

Waste Name (Include haz & non-haz special & waste for which no deter- mination has been made)	Generating Process (For waste gen. on site. N/A for TSD)	Date of Last Analy- sis	USEPA Haz Waste #	On 8700 -12 *	On 3510 -3 *	On Annual Rpt For 84 85 86 * * *	Amount On Site	Rate of Gener- ation	Last Mani- fested Ship- ment	Disposition
Paint, thinner & Lacquer	By-product from drippings and from cleaning	2-7-86	D001	yes	Facility has not submitted a part A.	No No Yes	3 drums	1 1/2 drums month	Nov. 86	LWD Calvert City Kentucky
Leather dust	from air cleaning systems	7-6-86	NH	PLACED ON GROUND			NO LONGER GENERATED	(Section 21(a)(d) of the "ACT" cited)		
BB 4/1/87										
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* All "no" responses must be explained in the narrative

REMARKS

An I.S.S. inspection was conducted on 3-11-87 at Estwing Manufacturing located in Rockford. The purpose of the inspection was to determine Estwing's compliance with applicable regulations of 35 Illinois Administration Code Parts 703, 722 and 725.

Estwing had notified as a generator but during the inspection it was determined that they should be regulated as a generator and a storage facility. Estwing in the past had failed to move their waste off-site in 90 days or less.

Estwing did not notify as a generator until April 1986, even though they generated waste prior to that. Estwing also failed to submit an Annual Report until March, 1987.

I questioned Paul Devers, Plant Manager, what Estwing did with their hazardous waste in the past and he stated that to the best of his knowledge he really wasn't sure but thought they had stored it the last couple of years. Estwing was unable to prove to me that they moved their waste in 90 days or less and therefore should be considered a storage and generator facility. If Estwing decides to go through with closure they would be regulated as a small quantity generator since they only generate one to two drums of hazardous waste per month. If they do not go through with closure they will be regulated as a generator and a storage facility.

Estwing has an area in the back of the plant that has a brown material substance on the ground. Devers stated it was bio-degradable leather dust and was placed outside so that water would evaporate from it. This waste is generated from grinding leather handles of hammers and other hand tools. I advised Devers that open dumping of waste material was a violation of the "Act" and the material would need to be cleaned up and properly disposed of. I advised Devers that if the waste is non-hazardous as his analysis indicated it should be manifested and permitted to an appropriate landfill. Devers stated he would have a representative sample of the waste analyzed. I also took a sample to have it analyzed by an I.E.P.A. laboratory.

Alleged violations are listed on the "Summary of Violations".

TAH/ljs
3/24/87

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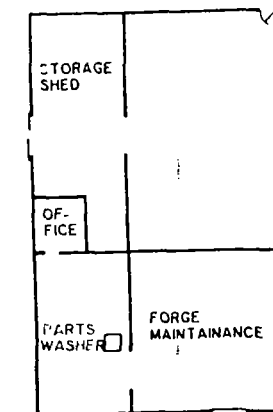
KEY

- LAQUER OR THINNER
 □ - LARGE TANKS OR POTS

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Leather
dust

FORGE SHOPS

NO. 2

NO. 3

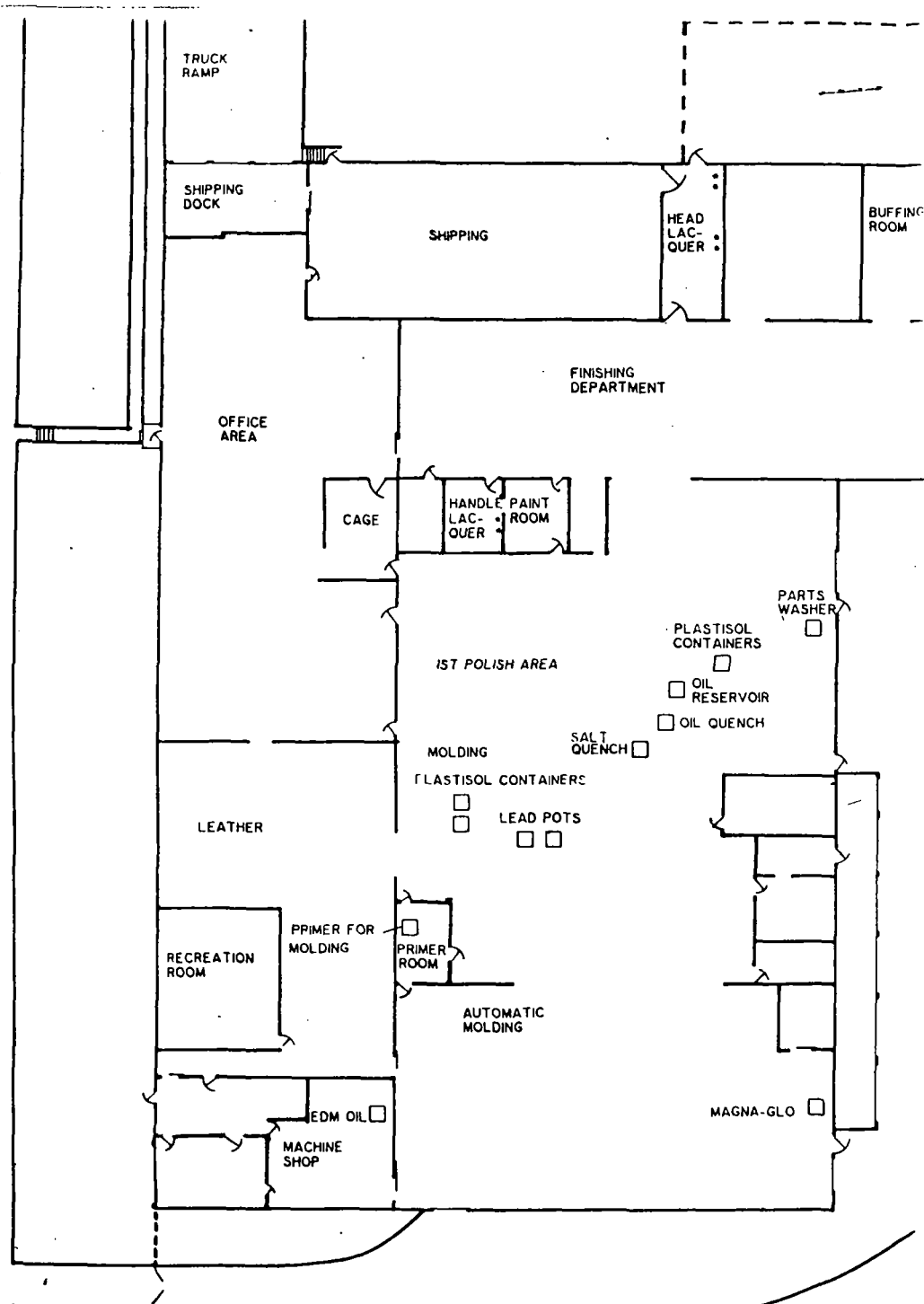
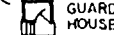
NO. 4

NO. 5

NO. 6

NO. 7

NO. 1

CUTTING
SHEDLACQUER
STORAGEWASTE
STORAGE
AREAGUARD
HOUSE

Area	C	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1		A,D, E,G	PART 722 GENERATOR STANDARDS Subpart A: General				
				Section 722.111 Hazardous Waste Determination	<u>X</u>			
				Has the generator determined if the solid waste it generates is a hazardous waste? Yes <u>X</u> No _____				
				Did the generator follow the procedures specified in this section in making its determination? Yes <u>X</u> No _____				
			A	Section 722.112 USEPA Identification Number	<u>X</u>			
			a)	Has the generator obtained a USEPA identification number? Yes <u>X</u> No _____				
			b)	Has the generator offered his hazardous waste only to transporters or to treatment, storage or disposal facilities that have received a USEPA identification number? Yes <u>X</u> No _____				

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Area	C-	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
MAN	2		f)	<p>In any instances where the transporter was unable to deliver the hazardous waste to the designated or alternate permitted facility, has the generator designated another permitted facility or instructed the transporter to return the waste?</p> <p>Yes _____ No _____ N/A <u>X</u></p>				
			a) or B)	<p>Section 722.121 Acquisition of Manifests</p> <p>This section reiterates the requirements for generators to use Illinois manifests for hazardous waste going for treatment, storage or disposal in Illinois; or consignment State manifests for wastes going out of State for treatment, storage or disposal unless the consignment State does not supply its own manifest, in which case the generator must use the Illinois manifest. A "No" answer to the second or third question under Section 722.120, General Requirements, also indicates non-compliance with this section.</p>	<u>X</u>			
MAN	2			<p>Section 722.122 Number of Copies</p> <p>Does the manifest the generator is using consist of at least six copies (plus one copy for each additional transporter)?</p> <p>Yes <u>X</u> No _____</p>	<u>X</u>			

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Area	C-	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				Part 722				
				GENERATOR STANDARDS				
			A,D, E,G	Subpart C: Pre-transport Requirements				
				Section 722.130 Packaging	X			
OTH	1	X		Is waste which is ready for transportation off-site packaged in accordance with 49CFR, Parts 173, 178 and 179? Yes <u>X</u> No <u> </u>				
OTH	1	X		Section 722.131 Labeling	X			
				Is each package of hazardous waste which is ready for transportation off-site labeled in accordance with 49CRR Part 172? Yes <u>X</u> No <u> </u>				
OTH	1	X		Section 722.132 Marking	X			
			a)	Is each package of hazardous waste which is ready for transportation off-site marked in accordance with 49CFR Part 172? Yes <u>X</u> No <u> </u>				
			b)	Is each package of hazardous waste which is ready for transportation off-site marked in accordance with: - The generator's name and address? Yes <u>X</u> No <u> </u> - The manifest document number associated with the container? Yes <u>X</u> No <u> </u>				

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	2		A,D, E,G	<p>Part 722</p> <p>GENERATOR STANDARDS</p> <p>Subpart D: Record keeping and Reporting</p> <p>Section 722.140 Recordkeeping</p> <p>Has the generator retained for a period of three years:</p> <p>a) - A copy of each signed manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) - A copy of each annual report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) - A copy of each exception report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c) - Copies of test results, waste analyses or other determinations made in accordance with Section 722-111? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d) Does a generator who is involved in any unresolved enforcement action continue to maintain the records required in 722.140 (a) thru (c)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d) If the Director has requested that the records required in 722.140 (a) thru (c) be maintained for a period longer than three years, has the generator continued to maintain them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Section 722.141 Annual Reporting</p> <p>a) Has the generator who ships waste off-site prepared and submitted a copy of an annual report, as supplied by the Agency, to the Agency by March 1, for the preceeding calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTH	2				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1			<p>b) Has the generator who has not received a signed copy of the manifest from the designated TSD within 45 days of the date the waste was accepted by the original transporter submitted an exception report to the director? Yes _____ No _____</p> <p>b) Does any exception report submitted to the Director contain the following?</p> <ul style="list-style-type: none"> - A legible copy of the manifest for which the generator does not have confirmation of delivery, and - A cover letter signed by the generator or his authorized representative explaining the efforts taken to locate the hazardous waste and the results of those efforts? <p>Yes _____ No _____ N/A _____</p> <p>Section 722.143 Additional Reporting</p> <p>Has the generator submitted all additional reports concerning quantities and disposition of wastes as required by the Director? Yes _____ No _____</p>			X	

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>address of the foreign consignee is used, and</p> <p>- The generator identifies the point of departure from the United States, that the waste must travel before entering a foreign country? Yes ____ No ____</p> <p>b)4) Is the generator using manifests obtained from the Agency for its international shipments? Yes ____ No ____ N/A ____</p> <p>c)1) Has the generator filed an exception report if it has not received a signed copy of the manifest from the transporter stating the date and place of departure of the waste from the United States within 45 days of the date the waste was accepted by the transporter? Yes ____ No ____ N/A ____</p> <p>c)2) Has the generator filed an exception report if it has not received written confirmation from the foreign consignee of the arrival of the waste within 90 days of the date the waste was accepted by the initial transporter? Yes ____ No ____ N/A ____</p> <p>d) Has the person exporting hazardous waste filed with the Administrator and the Agency, no later than March 1 of each year, a report summarizing the types, quantities, frequency and ultimate destination of all such hazardous waste exported during the previous calendar year? Yes ____ No ____ N/A ____</p>				

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>- Disposing of pesticide residue on his own farm in a manner consistent with the disposal instructions on the pesticide label? Yes ___ No ___ N/A ___</p> <p>Note: If the answer to either of the preceeding questions is "No", the farmer is subject to the requirements of this Part (722) and to the applicable portions of 35 Ill. Adm. Code 702, 703 and 725 (724). Complete the applicable inspection form(s).</p>				

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1		C,E, F,G	Part 703				<p>This facility does not have a Part A.</p> <p>No permit</p> <p>No closure activity.</p>
				RCRA PERMIT REPORT				
				Subpart B Prohibitions		X		
				Section 703.121 RCRA Permits				
			a)	<p>Is any persons conducting any hazardous waste storage, hazardous waste treatment or hazardous waste disposal operation doing so only:</p> <p>1) With a RCRA permit for the HWM facility? Yes ___ No <u>X</u></p> <p>2) In conformance with all conditions imposed by the RCRA permit? Yes ___ No <u>X</u> N/A</p>				
			b)	<p>Do the owner and operator of hazardous waste management units have permits during the active life of the unit (including the closure period)? Yes ___ No <u>X</u></p>				
			b)	<p>Do the owners and operators of any hazardous waste unit which closed after January 26, 1982, have a permit during any post-closure period required under 35 Ill. Adm. Code 724.217 Post Closure Care and Use of Property and during any compliance period or any extension of that compliance period specified under 35 Ill. Adm. Code 724.196, Compliance Period? Yes ___ No ___ N/A <u>X</u></p>				

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Area	C.	90 Day F/U	Key Ltr Sub Sec.	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1		C,E F,G	Part 725				
				INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES				
				Subpart A General Provisions				
				Section 725.101 Purpose, Scope And Applicability			X	
			d)	Has the firm managed hazardous waste with the following hazardous waste numbers: F020, F021, F022, F023, F026 or F027 in compliance with the requirements of 725.101 (d)? Yes No				

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Area	C1	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
			a)1)	Does the analysis contain all the information which must be known to treat, store or dispose of the waste in accordance with this Part? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<p>No changes in waste stream process</p> <p>No waste from off-site</p> <p>No waste analysis plan at this facility.</p>
				Has the analysis been repeated:				
			a)3)	A) When the operator is notified or has reason to believe that the process generating the hazardous waste has changed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			a)3)	B) By off-site facilities, when the results of the inspection required in Section 725.113 (a)(4) indicate that the hazardous waste received at the facility does not match the waste designated on the accompanying manifest or shipping paper? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			a)4)	Has the owner or operator of an off-site facility apparently inspected each hazardous waste movement received at the facility to determine whether it matches the identity of the waste specified on the accompanying manifest or shipping paper? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			b)	Has the owner or operator developed a written waste analysis plan? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
			b)	Is the written waste analysis plan available at the facility? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
			b)	Does the owner or operator follow the procedures in the written plan so as to comply with the requirements in Section 725.113 (a)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1			<p>Section 703.152 Amended Part A Application</p> <p>Has the owner or operator of an HWM with interim status filed an amended Part A permit application with the Agency:</p> <p>a)1) 1) No later than the effective date of revised regulations under 35 Ill. Adm. Code, 721, Identification and Listing of Hazardous Waste, listing or identifying additional hazardous waste which the HWM facility is handling? Yes ___ No ___ N/A <u>X</u></p> <p>a)2) 2) As necessary to comply with the provisions of Section 703.155, Changes During Interim Status? Yes ___ No ___ N/A <u>X</u></p> <p>Note: The owner or operator of a facility who fails to comply with the updating requirements of this section does not receive interim status as to the wastes not covered by duly filed Part A applications.</p>			<u>X</u>	Has never filed a Part A.
OTH	1			<p>Section 703.154 Prohibitions During Interim Status</p> <p>During interim status has the facility refrained from:</p> <p>a) - Treating, storing or disposing of hazardous waste not specified in Part A of the permit application? Yes ___ No <u>X</u></p>		<u>X</u>		This facility has not filed a Part A.

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Area	Ct	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>Note: Circle the specific waste management methods being employed.</p> <p>c) For off-site facilities, does the plan:</p> <p>1) Describe the procedures which will be used to determine the identity of each movement of waste managed at the facility? Yes ___ No ___ N/A <input checked="" type="checkbox"/></p> <p>2) Describe the sampling methods which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling? Yes ___ No ___ N/A <input checked="" type="checkbox"/></p>				<p>No waste from off-site</p> <p>BB 4/1/87</p> <p>Guards</p> <p>fences, gates.</p>
OTH	1	X		<p>Section 725.114 Security</p> <p>Does the facility qualify for the exemption to the requirement to provide security provided in Section 725.114 (a)? Yes ___ No <input checked="" type="checkbox"/></p> <p>b) 1) Does a non-exempt facility have either:</p> <p>1) A 24-hour surveillance system which continuously monitors and controls entry into the active portion of the facility? Yes <input checked="" type="checkbox"/> No ___</p> <p>2) An artificial or natural barrier which completely surrounds the active portion of the facility and a means to control entry at all times thru the gate(s) or other entries to the active portion of the facility? Yes <input checked="" type="checkbox"/> No ___</p>	-	<input checked="" type="checkbox"/>		

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Area	C.	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<ul style="list-style-type: none"> - Daily inspections of areas subject to spills? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The items and frequencies, where applicable, called for in Sections: <ul style="list-style-type: none"> - 725.274 (Containers); - 725.294 (Tanks); - 725.326 (Surface Impoundments); - 725.447 (Incinerators); - 725.477 (Thermal Treatment); - 725.503 (Chem. Phys. Bio. Treat.) <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Note: Circle the applicable section.</p>				No problems
				c) Has the owner or operator remedied any deterioration or malfunction of equipment or structures which the inspections reveal on a schedule which ensures that the problem does not lead to an environmental or human health hazard? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
				c) Where a hazard is imminent or has already occurred, has the owner or operator taken immediate action to resolve the problem? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
				d) Does the owner or operator record the results of inspections in a log or summary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				d) Does the inspection record include" <ul style="list-style-type: none"> - The date and time of the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The name of the inspector? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 				

BB 4/1/87

Area	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	1	X	4) Records to document that the training or job experience have been given to and completed by personnel dealing with hazardous wastes management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e) Is the facility maintaining training records of former employees who were involved in hazardous waste management for a period of at least three years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			Section 725.117 General Requirements for Ignitable, Reactive or Incompatible Wastes	<input checked="" type="checkbox"/>			
			a) Are ignitable and reactive wastes protected from and separated from sources of ignition and reaction? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			a) Are smoking and open flames restricted to specially designated areas when ignitable or reactive waste is being handled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			a) Are "No Smoking" signs posted whenever there is a hazard from ignitable or reactive waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b) Is the treatment, storage or disposal of ignitable or reactive waste and the mixture or comingling of incompatible wastes and materials being done so that it does not:				
			1) Generate extreme heat or pressure, fire, or explosion or violent reaction? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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Area	C	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X	C, E, F, G	Part 725				<u>No Tanks</u>
				INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT STORAGE AND DISPOSAL FACILITIES				
				Subpart J Tanks				
				Section 725.292 General Operating Requirements				
				a) Is the treatment or storage of hazardous waste in tanks in compliance with Section 725.117(b) (General Requirements for Ignitable, Reactive or Incompatible Wastes) ? Yes ___ No ___ N/A ___				
b) Are only hazardous wastes or treatment reagents being placed in a tank which will not cause the tank or its inner liner to rupture, leak, corrode or otherwise fail before the end of its intended life? Yes ___ No ___								
c) Are uncovered tanks being operated:								
- With two feet of free board? Yes ___ No ___								
- With a containment structure, a drainage control system or a diversion structure with a capacity that equals or exceeds the volume of the top two feet of the tank? Yes ___ No ___								
d) Is a tank which has a continuous feed of hazardous waste into it equipped with a means to stop this inflow? Yes ___ No ___								

Area		90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X	A, D, C, E, F, G	Part 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart I Use and Management of Container				No leaking containers
				Section 725.271 Condition of Containers Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part? Yes ___ No ___ N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
				Section 725.272 Compatibility of Waste with Container Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired? Yes <input checked="" type="checkbox"/> No ___	<input checked="" type="checkbox"/>			
OTH	1	X		Section 725.273 Management of Containers a) Are containers of hazardous waste always closed during storage? Yes <input checked="" type="checkbox"/> No ___	<input checked="" type="checkbox"/>			

Area	C	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
CLO	1		C, E, F, G	Part 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES				
				Subparts G & H Closure, Post- Closure and Finan- cial Requirements				
				Section 725.212 Closure Plan		X		
				a) Is the facility closure plan available at the facility? Yes ___ NO <u>X</u>				No closure plan at this facility
				c) Was the closure plan submitted to the Agency within the time frames specified below?				
				- At least 180 days before the date closure was (is) expected to begin? Yes ___ No <u>X</u> N/A ___				
				- No later than 15 days after termin- ation of interim status (unless a full operating permit was issued simultaneously)? Yes ___ No ___ N/A <u>X</u>				
				- No later than 15 days after issuance of a judicial decree, board order or compliance order issued and Section 3008 of RCRA to cease receiving waste or close? Yes ___ No ___ N/A <u>X</u>				
CLO	1			Section 725.218 Post-Closure Plan			X	
				Is the facility post-closure plan available at the facility? Yes ___ No ___ N/A ___				Never executed a closure plan

Area	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	1		<p>Section 725.176 Unmanifested Waste Report</p> <p>Does the facility accept hazardous waste from off-site ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Note: If the answer is "Yes", complete this section. If the answer is "No", check "N/A".</p> <p>Has the facility accepted hazardous waste from an off-site source for treatment, storage or disposal without an accompanying manifest for shipping paper? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was the hazardous waste accepted without the manifest or shipping paper exempt from the manifesting requirement by 35 Ill. Adm. Code 721.105? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Note: If the answer to both the above questions is "Yes" check "N/A". If the answer to the first question is "Yes" and the second "No", answer the following questions.</p> <p>Did the owner or operator complete an unmanifested waste report to include the information required in Section 725.176(a) thru (g)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did the owner or operator submit the unmanifested waste report to the Agency within 15 days of receiving the waste? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			X	

Area	C	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>Note: The above information need only be kept for three years. This period would automatically be extended during any unresolved enforcement action.</p>				
			b)6)	<p>10. Monitoring, testing or analytical data where required by Sections:</p> <ul style="list-style-type: none"> - 725.190 (G.W. Monitoring) Yes ___ No ___ N/A <u>Y</u> - 725.194 (G.W. Monitoring) Yes ___ No ___ N/A <u>Y</u> - 725.376 (Land Treatment) Yes ___ No ___ N/A <u>Y</u> - 725.378 (Land Treatment) Yes ___ No ___ N/A <u>Y</u> - 725.380 (d)(1) (Land Treatment) Yes ___ No ___ N/A <u>X</u> - 725.447 (Incinerators) Yes ___ No ___ N/A <u>X</u> - 725.477 (Thermal Treatment) Yes ___ No ___ N/A <u>X</u> <p>Note: Data required under 725.194 must be kept throughout the post-closure period.</p>				
			b)7)	<p>11) All closure cost estimates required by Section 725.242? Yes ___ No <u>Y</u></p>				
			b)7)	<p>12) All post-closure cost estimates for disposal facilities required for Section 725-244? Yes ___ No ___ <u>X</u> N/A</p>				

Area	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	2		owner or operator submitted to the Agency a letter describing the discrepancy and the attempts made to reconcile it and a copy of the manifest or shipping paper at issue? Yes ___ No ___				No written operating record.
			Section 725.173 Operating Record		X		
		a)	Does the owner or operator have a written operating record at the facility? Yes ___ No <u>X</u>				
		b)	Is the information in the operating record being maintained until closure of the facility? Yes ___ No <u>X</u>				
			Does the operating record contain the following information?				
		b)1)	1) A description of and quantity of each hazardous waste received at the TSD facility (whether from on or off-site generation)? Yes ___ No <u>X</u>				
		b)1)	2) A record of the method(s) and date(s) of its treatment, storage, or disposal as required by Appendix I? Yes ___ No <u>X</u>				
b)2)	3) The location of each hazardous waste within the facility? Yes ___ No <u>X</u>						
b)2)	4) The quantity of each hazardous waste at each location within the facility? Yes ___ No <u>X</u>						
b)2)	5) For disposal facilities, a map recording the location and quantity of hazardous waste in each cell or disposal area? Yes ___ No ___ N/A <u>X</u>						

Area	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	1	sec	Part 725				
			INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES				
		C,E, F,G	Subpart E Manifest System, Recordkeeping and Reporting				
			Section 725.171 Use of Manifest System			X	
			Does the facility accept waste from off-site? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
			Note: If the answer is "Yes", complete this section. If the answer is "No", check "N/A".				
			For each manifest reviewed, did the facility:				
		a)1)	1) Sign and date each copy to certify that the hazardous waste covered by the manifest was received? Yes <input type="checkbox"/> No <input type="checkbox"/>				
		a)2)	2) Note any significant discrepancies in the manifest or each copy of the manifest? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
		a)3)	3) Immediately give one copy of the completed manifest to the transporter? Yes <input type="checkbox"/> No <input type="checkbox"/>				
		a)4)	4) Within 30 days after delivery, send one copy of the manifest to the generator and one copy to the Agency? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Area		90 Day F/U	Key Ltr Sub- sec c)	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	2			3) The facility changes - in its design, construction, operation, maintenance or other circumstances - in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents or changes the response necessary in an emergency? Yes ___ No ___ N/A ___ d) 4) The list of emergency coordinators changes? Yes ___ No ___ e) 5) The list of emergency equipment changes? Yes ___ No ___ Section 725.155 Emergency Coordinator Is there an emergency coordinator on site or on call at all times? Yes <input checked="" type="checkbox"/> No ___ Is there an emergency coordinator familiar with all aspects of the contingency plan, all operations and activities at the facility, the location and characteristics of the wastes handled, the location of all records in the facility and the facility layout? Yes <input checked="" type="checkbox"/> No ___ Does the coordinator have the authority to commit the resources to carry out the contingency plan? Yes <input checked="" type="checkbox"/> No ___	<input checked="" type="checkbox"/>			
				Section 725.156 Emergency Procedures Has the facility had a release, fire or explosion? Yes ___ No <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
OTH	1 or 2							

Area	C-	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
			sec c)	Does the plan describe the arrangements agreed to by: 1) Local police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) Hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3) Contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4) State and local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d) Does the plan list the names, addresses and phone number (office and home) of all personnel qualified to act as emergency coordinators? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d) Is the list of emergency coordinators up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d) If more than one person is designated as an emergency coordinator is a primary coordinator identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e) Does the Plan identify: 1) All emergency equipment at the facility to include a physical description of the equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) A brief outline of the capability of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3) The location of each piece of emer- gency equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> e) Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Area	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
		sec a) 1)	1) Arrangements to familiarize police and fire departments and emergency response teams with the layout of the facility, properties of hazardous wastes handled at the facility and associated hazards, places where personnel would normally be working, entrances to roads inside the facility and possible evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		a) 2)	2) Where more than one police or fire department might respond to an emergency, has one been designated as the primary emergency authority with the others agreeing to provide support to the the primary emergency authority? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		a) 3)	3) Agreements with State emergency response teams, emergency response contractors and equipment suppliers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		a) 4)	4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			Note: Any "N/A" answer must be explained in the comments.				
		b)	Has the owner or operator documented, in the operating record, refusal of State or local authorities to enter into any or all of the above arrangements? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				

Area	C	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X	b)	- A device such as a telephone (immediately available at the scene of operations) capable of summoning emergency assistance from local police or fire departments or State or local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				City water & sprinklers
			c)	- Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			d)	- Water at adequate volume and pressure to supply water hose streams or foam producing equipment or automatic sprinklers or water spray systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				Note: Any "N/A" answers must be explained in the Remarks column.				
				Section 725.133 Testing and Maintenance of Equipment	<input checked="" type="checkbox"/>			
				Where required, is the facility testing and maintaining, as necessary, to assure proper operation in time of emergency:				
				- Communications/alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Fire protection equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Spill control equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				